OR INSTRUCTIONS, SEE BACK OF FORM	%	FORM	STATEMENT
CHECK ONE:	A ETHICS AND	DR-1	OF
☐ This is an initial* Statement of Organization ☐ This is an amended* Statement of Organization	Reset Form	(Rev. 04/2008) For Office Use	ORGANIZATION
on initial Statement of Omenization must be filled within 10 days of the c	ommitteo's accepting contributions.	Comm. #	LOIBY
eking expenditures, or incurring indebtedness exceeding \$7507 April change. Penelties may be imposed for late-filed Statements of Greenia	receits must be supply within 3 Logays of the control of the condidate with an open	Indexed	
mmilities that exceeds \$750 in activity for another office shall file within R-1 disclosing information concerning the compaign for the new office s	10 days either a new or amended	Computer	
OMMITTEE NAME 1 4 (A candidate's committee must include		f the committee.)	
Aaron Heley Lehman			
IPORTANT: Indicate type of committee you are reporting for: 10 1) Statewide/Legislative/Judge Standing for Retention Candidate (5) County Candidate (6) City Candidate (7) School Board or Other 10) School Board or Other Political Subdivision PAC (11) Local E	2)Statewide PAC (3)State Perty (4 or Political Subdivision Candidate (8	iCounty PAC (9	icity Pac
OMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (man	latory except for a	candidate's committee
Aaron Heley Lehman	Name ↓ ↓		
199 NW 142nd Avenue	Mailing Address 1 1		
SHRICRY, IA ZP 6022e 1	City. State 1 1 Zip Code 1	,	
hone (515) 685-3228	Phone ()		
Mail alehman@iowatelecom.net	e-Mail		
NDICATE PURPOSE OF COMMITTEE - Check One Box 2		Advocate for ballot i	
Il Candidates Enter: ffice Sought: School Board	County/Local Candidates		
NA	County: Polk		
онисан матту (и аррисаюю)	(If active in multiple ballot is		h list of countles
istrict: NA	Date of Election: Septen	nber 9, 2008	- '
ank Account Name (must match committee name)	Candidate name & Address or	Perent Entity (PAC	is, if applicable).
↓ ↓ All campaign expenses paid from personal funds.	The state of the s	Affiliato, or Spons	or
ame of Financial institution/type of Account	Aaron Heley Lehman Mailing Address ↓ ↓		
	3190 NW 142nd Avenue		
lalling Address ↓ ↓	City ↓ ↓ Polk City, IA 50226	State ↓ ↓	Zip ↓ ↓
ity 1 1 State 1 1 Zip 1 1	Phone (515) 685-3228	 	
	Phone (515) 000-5220		
	g-Mail alehman@iowatele	com,net	1 4
TATEMENT OF AFFIRMATION: By filing this document the committee	affirms the following:		
The committee and all persons connected with the committee understand ties in Chapter 351 of the lowa Administrative Code.	that they are subject to the laws in lowa C	ode chapters 68A ar	od 688 and the administrati
. That towa Code section 68A.402 and rule 351—4.9 require the filing of dis ubjects the candidate or chairperson (in the case of committees other than a position of other criminal and civil aproxions.			
. That lowe Code section 88A.405 and rules 351—4.38 through 4.43 requin laterials except for those items exempted by statute or rule. A committee these not intend to cross the \$750 filing threshold shall file the Form DR-SFA.	at wishes to register a committee name fo		
. That lows Code section 68A 503 and rules 3514.44 through 4.52 prohibsus PAGs.	oit the receipt of corporate contributions by	all committees exce	ot for statewide and local b
A candidate and a candidate's committee may only expend campaign fund	ds as permitted by lows code sections 68/	.301 through 68A.30	3 and rulo 351-4.25.
	an annual annualitan funda annua dalita	medical and a final	report and a statement of
. That the committee will continue to file disclosure reports until all activity hissolution (DR-3) has been filed.	ns ceased, committee tuics spent, deals	ESOIVEU, GITO E III GE	